

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
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13						
14						
15						
16		15				
17		15				
18		15(0)				
19		15(0)				
20		15(0)				
21		15(0)				
22		15				
23		15(0)				
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47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	434	←	64	←		
TOTAL CLAIMS	135		65			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS